Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0360034	BREWERS DEEP RIVER MARINA				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commer		al Industri	al Combine	ed Agricultural
50 RIVER LANE		Connections			1			

Towns Served: DEEP RIVER

M	onitoring Req	_l uirement	ts		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)				
Total Coliform (3100)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Complete
		1/1/19 - 3/	/31/19		Complete
		4/1/19 - 6/	/30/19		
		7/1/19 - 9/	/30/19		
Physical Parameters (PPS)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Complete
		1/1/19 - 3/	/31/19		Complete
		4/1/19 - 6/	/30/19		
		7/1/19 - 9/	/30/19		
Water System Facility: ENTRY POINT (WSF ID: 0	0700)				
Nitrate And Nitrite (NOX)					1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	
ENTRY POINT (3)		1/1/18 - 12	/31/18		Complete
		1/1/19 - 12	/31/19		
		1/1/20 - 12	/31/20		
Public	Notification	Requirem	nents		
	Compliance	Notice	Public	Notification	PN Certification
and the state of t			I .		

Public Notification Requirements									
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
E. Coli	10/1/18 - 12/31/18	3	3/12/2020	3/18/2019	3/22/2020	3/28/2019			

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventoi	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20667	WELL 1	2	WELL 1	Α					
59521	3,000 GALLON ATMOS								
59752	WELL 2	2	WELL 2	Α					

				Contact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Brian G. Homan				Shm Deep Ri	iver Marina LLC	General Manager			
Mailing Address Line One Mailing			Mailing A	ddress Line Two	dress Line Two			State	Zip Code
50 River Lane						Deep Riv	ver	СТ	06417
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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	Connectic	ut Department	t of Public H	lealth	Di	rinking	Water	Section		
	Wa	ter Quality Mo	nitoring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name				Clas	assification Population		Owner Type	Primary Source	
СТ0360034	BREWERS DEEP RIVER MARINA					NC	25	Р	GW	
Local Address (w	here applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
50 RIVER LANE			Connections		1					
Towns Served: D	EEP RIVER		·							
860-526-5560	1242	860-526-2469		860-575	-1660	0 bhoma	ın@shmarin	as.com		
Contact Role(s):	Administrative	Contact, Legal Contact								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019 Page 2

		*	Public Health I		0		ction	
	Water	Quality Monit	oring and Comp	oliano	ce Sche	edule		
PWS ID	PWS Name	<u> </u>		lassificat			ner Type	Primary Source
СТ036306	64 RICHCAT, LLC			NC	-	25	Р	GW
Local Add	ress (where applicable)		Service Residentia	al Comm	nercial In	ndustrial	Combine	d Agricultural
	THROP ROAD		Connections		1			
Towns Se	rved: DEEP RIVER							
		Monito	oring Requiremen	ts				
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)					
Total Co	liform (3100)					1 rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point II	D)	Monitoring	g Period	Collect	ion Period	Comp	liance Status
Selec	ct from Inventory of Active Sa	mpling Points	10/1/18 - 1	2/31/18			С	omplete
			1/1/19 - 3	/31/19				
			4/1/19 - 6	/30/19				 -
			7/1/19 - 9					
Physical	Parameters (PPS)					1 rou	tine (RT)	per quarter
	pling Point (Sampling Point II	D)	Monitoring	Period	Collect	ion Period		liance Status
	ct from Inventory of Active Sa	-	10/1/18 - 1					omplete
	·		1/1/19 - 3					
			4/1/19 - 6					
			7/1/19 - 9					
Water Sv	stem Facility: POINT OF I	ENTRY (WSF ID: 007						
	And Nitrite (NOX)	`	•			1	routine (RT) per year
	pling Point (Sampling Point II	D)	Monitoring	Period	Collect	ion Period	-	liance Status
	NT OF ENTRY (3)	,	1/1/18 - 12					omplete
			1/1/19 - 12					
			1/1/20 - 12					
	Wat	ter System Facili	ty and Sampling F		nventoi	ry		
Water			, ,		Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	POINT OF ENTRY	3	POINT OF ENTRY	Α				
53268	WELL	2	WELL	Α				
		Con	tact Information					
Name		Or	ganization				Job Title	
Mr. Richa	rd Wade		chcat, LLC		Ow	ner		
	ddress Line One	Mailing Address			Ci	ity	State	Zip Code
	linton Road			W	estbrook	-	СТ	06498
<u> </u>								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Business Phone

860-399-2582

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-399-7135

Emergency Phone Email Address

860-662-0993

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quarity	Monitoring and	u Gon	upi	iance c	ciicaai	C			
PWS ID	PWS Name			Classification		Classification I		Population	Owner Type	Primary Source
СТ0363064	RICHCAT, LLC	ICHCAT, LLC					Р	GW		
Local Address ((where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural		
497 WINTHRO	P ROAD	Connections			1					
		·	•				•			

Towns Served: DEEP RIVER Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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